Town of Concord/Concord-Carlisle Regional School District
Health Insurance Rates - School Year (21 Pays)
Effective July 1, 2025

New rates will be reflected in the first pay of June 2025. Please be sure to review your payroll deductions in the employee portal.

FAMILY	Network Blue NE Full Network	Network Blue Select Limited Network	Blue Care Elect	Access Blue NE Saver Full Network	Network Blue Select Saver Limited Network
	HMO	HMO	PPO	HSA*	HSA*
Total Monthly Premium	$3,320.58	$2,888.91	$3,984.70	$2,894.86	$2,518.53
Town's Contribution Rate	65%	65%	50%	70%	70%
Town Share	$2,158.38	$1,877.79	$1,992.35	$2,026.40	$1,762.97
Employee Share	$1,162.20	$1,011.12	$1,992.35	$868.46	$755.56
Employee's Bi-weekly Payroll Deduction	$664.12	$577.78	$1,138.49	$496.26	$431.75

INDIVIDUAL	Network Blue NE Full Network	Network Blue Select Limited Network	Blue Care Elect	Access Blue NE Saver Full Network	Network Blue Select Saver Limited Network
	HMO	HMO	PPO	HSA*	HSA*
Total Monthly Premium	$1,243.89	$1,082.18	$1,492.67	$1,084.42	$943.44
Town's Contribution Rate	65%	65%	50%	70%	70%
Town Share	$808.53	$703.42	$746.34	$759.09	$660.41
Employee Share	$435.36	$378.76	$746.34	$325.33	$283.03
Employee's Bi-weekly Payroll Deduction	$248.78	$216.44	$426.48	$185.90	$161.73

***High Deductible plans include a Health Savings Account (HSA) managed by Health Equity. Employer HSA contributions will be deposited within the first thirty (30) days from the plan effective date. Employer amounts are equal to 50% of the high deductible ($2,000 for family plans and $1,000 for individual plans).**